

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **June 1-15, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Version 8/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
* Legal Name: Foodbank of Santa Barbara County * Organizational DUNS: 171554140 Address: * Street1: 4554 Hollister Avenue Street2: * City: Santa Barbara County: Santa Barbara County * State: CA * Zip Code: 93110 * Country: USA		Organizational Unit: Department: Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. * First Name: Nicole Middle Name: * Last Name: Andonov Suffix: * Email: nandonov@foodbankabc.org * Phone Number (give area code) (805) 867-5741 x 102 Fax Number (give area code) (805) 683-4951	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0168214		7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Learning) Other (specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		8. * NAME OF FEDERAL AGENCY: Administration for Children and Families	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE 03,571 TITLE: Community Services Block Grant Discretionary Awards, Community Food and Nutrition		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Building the Mobile Food Pantry Program's Capacity	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Counties			
13. * PROPOSED PROJECT: * Start Date: 07/01/2005 * Ending Date: 06/30/2008		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant: 24 * b. Project: 23 and 24	
15. * ESTIMATED FUNDING: * a. Federal \$ 33,000.00 * b. Applicant \$ 0.00 * c. State \$ 0.00 * d. Local \$ 0.00 * e. Other \$ 5,000.00 * f. Program Income \$ 0.00 g. TOTAL \$ 38,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 08/15/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: * First Name: Nicole Middle Name: * Last Name: Andonov Suffix: * b. Title: Grants Administrator * c. Telephone Number (give area code): (805) 867-5741 x102 * Email: nandonov@foodbankabc.org Fax Number (give area code): (805) 683-4951			
d. Signature of Authorized Representative: Nicole Andonov		e. Date Signed: 08/15/2005	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 15, 2005	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
6. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
Legal Name: Truckee Tahoe Seniors Council		Organizational Unit: Department: Administration		
Organizational DUNS: 360990209		Division:		
Address: Street: 10040 Estates Drive / P.O. Box 4152 (Mailing)		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Truckee		Prefix: Ms.	First Name: Melanie	
County: Nevada		Middle Name: Rose		
State: California		Last Name: Kauffman		
Zip Code: 96161	Suffix:			
Country: USA		Email: tscmk@sbcglobal.net		
8. EMPLOYER IDENTIFICATION NUMBER (EIN): 08-0484075		Phone Number (give area code) (530) 550-7600		Fax Number (give area code) (530) 587-0408
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) 0 Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 93-571		9. NAME OF FEDERAL AGENCY: Dept. of Health and Human Services, Admin. for Children & Families		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Truckee/Tahoe region in Eastern Placer and Nevada Counties, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Truckee Tahoe Seniors Council Service Integration Plan will build capacity by strengthening community partnerships and develop an effective and integrated community health network to improve the quality of care to the low-income elderly population participating in the Senior Nutrition Program.		
13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: June 30, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 4th District b. Project 4th District		
15. ESTIMATED FUNDING: a. Federal \$ 44,591 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ 62,665 f. Program Income \$ g. TOTAL \$ 107,256		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 15, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Ms. First Name Melanie Middle Name Rose Last Name Kauffman b. Title Executive Director c. Telephone Number (give area code) (530) 550-7600 d. Signature of Authorized Representative <i>Melanie Rose Kauffman</i> e. Date Signed June 15, 2005		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 15 June 2005	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION	
Legal Name: North Coast Opportunities, Inc.	Organizational Unit: Department: Community Action Division
Organizational DUNS: 088187264	Division:
Address: Street: 413 North State Street	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: Ukiah	Prefix: Ms.
County: Mendocino	First Name: Patty
State: California	Middle Name
Zip Code: 95482	Last Name: Bruder
Country: USA	Suffix:
	Email: pbruder@ncoinc.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1671958	Phone Number (give area code): (707) 462-2596 x 102
	Fax Number (give area code): (707) 482-0191
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not-for-Profit Organization Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571	9. NAME OF FEDERAL AGENCY: Dept. of Health and Human Services, Office of Community Services
TITLE (Name of Program): Community Food and Nutrition Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: WISC Demonstration Garden Project
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Willits	
13. PROPOSED PROJECT Start Date: 1 October 2005 Ending Date: 30 September 2006	14. CONGRESSIONAL DISTRICTS OF: a. Applicant First b. Project First
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 50,000	a. Yes, <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 15 June 2005
b. Applicant \$ 32,674	b. No, <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$	
g. TOTAL \$ 82,674	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix: Ms.	First Name: Dianne
Last Name: Lawrence	Middle Name: E.
b. Title: Executive Director	Suffix:
d. Signature of Authorized Representative: <i>Dianne E. Lawrence</i>	c. Telephone Number (give area code): 707-467-3238
Previous Edition Usable	e. Date Signed: 13 June 2005

APPLICATION FOR
FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/14/2005	Applicant Identifier _____
		3. DATE RECEIVED BY STATE 06/14/2005	State Application Identifier _____
		4. DATE RECEIVED BY FEDERAL AGENCY _____	Federal Identifier _____

5. APPLICANT INFORMATION		Organizational Unit:	
* Legal Name: Community Action Commission of Santa Barbara County * Organizational DUNS: 098367178		Department: Nutrition Services Division: _____	
Address: * Street1: 5638 Hollister Ave., Suite 230 Street2: _____ * City: Goleta County Santa Barbara * State: CA * Zip Code: 93117 * Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. * First Name: Elizabeth Middle Name: _____ * Last Name: Rodriguez Suffix: _____ * Email: erodriguez@cacsb.com * Phone Number (give area code): (805) 964-8857 Fax Number (give area code): (805) 683-5872	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2491790		7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Education) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		NAME OF FEDERAL AGENCY: Administration for Children and Families	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE TITLE: Community Services Block Grant Discretionary Awards_Community Food and Nutrition 93.571		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Santa Maria Community Kitchen	
12. * AREAS AFFECTED BY PROJECT (Class, Counties, States, etc.): Northern Santa Barbara County			
13. * PROPOSED PROJECT: * Start Date: 06/30/2005 * Ending Date: 12/31/2005		14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant: 23 * b. Project: 23, 24	
15. * ESTIMATED FUNDING: * a. Federal \$ 50,000.00 * b. Applicant \$ 868,120.00 * c. State \$ _____ * d. Local \$ _____ * e. Other \$ _____ * f. Program Income \$ _____ g. TOTAL \$ 918,120.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE 06/14/2005 b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: _____ * First Name: Fran Middle Name: _____ * Last Name: Forman Suffix: _____ * b. Title: Executive Director * c. Telephone Number (give area code): (805) 964-8857, Ext. 154 * Email: fforman@cacsb.com Fax Number (give area code): (805) 683-5872			
d. Signature of Authorized Representative: _____ Completed on submission to Grants.gov		e. Date Signed: Completed on submission to Grants.gov 6/14/05	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 13, 2005	Applicant Identifier #05-353	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: San Diego County Water Authority		Department: Water Resources	
Organizational DUNS: 084241033		Division: N/A	
Address: Street: 4677 Overland Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: San Diego		Prefix: Mr.	First Name: Robert
County: San Diego		Middle Name: R	
State: CA		Last Name: Yamada	
Country: United States of America		Suffix: N/A	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002767		Email: ryamada@sdewa.org	
7. TYPE OF APPLICANT: (See back of form for Application Types) Special District Other (specify)		Phone Number (give area code) (858) 522-6744	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Fax Number (give area code) (858) 266-7881	
9. NAME OF FEDERAL AGENCY: United States Environmental Protection Agency		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SDCWA Regional Seawater Desalination Program		12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California, County of San Diego, Cities of San Diego, Chula Vista, Oceanside, etc	
13. PROPOSED PROJECT Start Date: October 1, 2005 Ending Date: August 31, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant c-48, c-49, c-50, c-51, c-52, c-53 b. Project c-48, c-49, c-50, c-51, c-52, c-53	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 721,700	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 590,482	DATE:	
c. State	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 1,312,182		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Ms.	First Name Maureen	Middle Name A.	
Last Name Stapleton		Suffix N/A	
b. Title General Manager		c. Telephone Number (give area code) (858) 522-6781	
d. Signature of Authorized Representative		e. Date Signed 6-13-05	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY MAY 27 2005		Federal Identifier	
Legal Name: REDWOOD CHILDREN'S SERVICES, INC.		Organizational Unit: Department: ADMINISTRATION			
Organizational DUNS: 806636494		Division:			
Address: Street: 1201 TALMAGE ROAD		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: UKIAH		Prefix: MS.		First Name: SHARON	
County: MENDOCINO		Middle Name		HEATHER	
State: CALIFORNIA		Last Name		GOVERN	
Zip Code 95482		Suffix:			
Country: USA		Email: sharonrcs@pacific.net			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0367894		Phone Number (give area code) (707) 467-2000		Fax Number (give area code) (707) 467-2006	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) NOT FOR PROFIT Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		9. NAME OF FEDERAL AGENCY: USDA			
TITLE (Name of Program): COMMUNITY FACILITY LOANS		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PURCHASE A BUILDING FOR ADMINISTRATIVE STAFF AND FOSTER FAMILY AGENCY STAFF			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 1ST b. Project 1ST			
13. PROPOSED PROJECT Start Date: JUNE 1, 2005 Ending Date: SEPT. 1 2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal \$ 600,000					
b. Applicant \$					
c. State \$					
d. Local \$					
e. Other \$					
f. Program Income \$					
g. TOTAL \$ 600,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative Prefix MS.		First Name CAMILLE		Middle Name EUGENIA	
Last Name SCHRAEDER		Suffix			
b. Title EXECUTIVE DIRECTOR		c. Telephone Number (give area code) (707) 467-2000			
d. Signature of Authorized Representative <i>Camille Schraeder</i>		e. Date Signed			

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6-16-05	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier	
Legal Name: Ventura County Area Agency on Aging		Organizational Unit: Department: Senior Nutrition	
Organizational DUNS: 020950007		Division:	
Address: Street: 646 County Square Dr., Suite 100 City: Ventura County: Ventura State: CA Zip Code: 93003 Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Susan Middle Name: A. Last Name: White Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Phone Number (give area code) (805) 477-7300	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) 8 (County) Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE (Name of Program): Community Food & Nutrition		9. NAME OF FEDERAL AGENCY: Health & Human Services	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): All of Ventura County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Enhancing collaborative Senior Nutrition outreach networks that serve low-income and minority seniors in Ventura County.	
13. PROPOSED PROJECT Start Date: 9-30-05 Ending Date: 9-30-06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23rd & 24th b. Project 23rd & 24th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 10,000	DATE: 6-15-05	
c. State	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 60,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name	Middle Name	
	Victoria		
Last Name	Jump	Suffix	
b. Title	Director, Ventura County Area Agency on Aging		c. Telephone Number (give area code) (805) 477-7300
d. Signature of Authorized Representative			e. Date Signed

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Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06/15/2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE 06/15/2005	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: Project Angel Food		Organizational Unit: Department:		
Organizational DUNS: 80-994-5157		Division:		
Address: Street: 7574 Sunset Boulevard		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Los Angeles		Prefix: First Name: Todd		
County: Los Angeles		Middle Name		
State: CA		Last Name Kimmelman		
Zip Code 90046		Suffix:		
Country: USA		Email: kimmelman@angelfood.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4115863		Phone Number (give area code) (323) 845-1800 ext. 238		Fax Number (give area code) (323) 845-1818
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Nonprofit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Food and Nutrition Program		9. NAME OF FEDERAL AGENCY: Administration for Children and Families		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Nutrition Intake and Counseling for Low-Income People Living with HIV/AIDS and Other Serious Illnesses		
13. PROPOSED PROJECT Start Date: 10/01/2005 Ending Date: 09/30/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 30 b. Project 22, 24-39, 42, 46		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 50,000		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/15/2005		
b. Applicant \$ 0		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$ 0		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$ 0		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$ 4,398,581		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$ 0				
g. TOTAL \$ 4,448,581				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name John		Middle Name L.
Last Name Gile		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (323) 845-1800		
d. Signature of Authorized Representative		e. Date Signed 6-15-05		

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 14, 2005		Applicant Identifier																																				
		3. DATE RECEIVED BY STATE		State Application Identifier																																				
				4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier																																		
5. APPLICANT INFORMATION																																								
Legal Name: City of Lindsay			Organizational Unit:																																					
Address (give city, county, State, and zip code): P.O. Box 369 Lindsay, CA 93247			Name and telephone number of person to be contacted on matters involving this application (give area code) Scot B. Townsend, 559-562-7103																																					
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 3 5 7 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">C</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>																																					
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award Other(specify): _____</div> <div>C. Increase Duration</div> </div>			9. NAME OF FEDERAL AGENCY: USDA Rural Development																																					
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; margin-right: 50px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 6 </div> </div> TITLE: Community Facilities Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Community Facilities Grant First Response Vehicles																																					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California			<div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> RECEIVED JUN 13 2005 STATE CLEARING HOUSE </div>																																					
13. PROPOSED PROJECT Start Date Ending Date																																								
14. CONGRESSIONAL DISTRICTS OF: <div style="text-align: right; margin-right: 50px;">21</div>																																								
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%;">USDA</td> <td style="width: 10%;">33,000</td> <td style="width: 10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>General Fund</td> <td>27,000</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td>60,000</td> <td>.00</td> </tr> </table>			a. Federal	\$	USDA	33,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$	General Fund	27,000	.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$		60,000	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 04/15/05		
a. Federal	\$	USDA	33,000	.00																																				
b. Applicant	\$.00																																				
c. State	\$.00																																				
d. Local	\$	General Fund	27,000	.00																																				
e. Other	\$.00																																				
f. Program Income	\$.00																																				
g. TOTAL	\$		60,000	.00																																				
			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																																					
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																																					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																								
a. Type Name of Authorized Representative Scot B. Townsend		b. Title CityManager		c. Telephone Number (559) 562-7103																																				
d. Signature of Authorized Representative 				e. Date Signed 4-15-05																																				

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: City of Lindsay		Organizational DUNS: 004953261		Organizational Unit: Department: N/A Division:	
Address: Street: 251 E. Honolulu City: Lindsay County: Tulare State: CA Country: USA		Zip Code: 93247		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Scot Middle Name: B. Last Name: Townsend Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9-4-6000357		Phone Number (give area code) 559-562-7103		Fax Number (give area code) 559-562-7100	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		9. NAME OF FEDERAL AGENCY:	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-766		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lindsay Library		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 21	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Lindsay, Tulare County, California		13. PROPOSED PROJECT Start Date: May 2005 Ending Date: Nov. 2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal USDA \$ 750,000 ⁰⁰					
b. Applicant \$ ⁰⁰					
c. State \$ ⁰⁰					
d. Local City of Lindsay, Hospital Dis \$ 199,891 ⁰⁰					
e. Other County of Tulare \$ 750,000 ⁰⁰					
f. Program Income \$ 126,000 ⁰⁰					
g. TOTAL \$ 1,699,891 ⁰⁰					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Scot		Middle Name B.	
Last Name Townsend				Suffix	
b. Title City Manager				c. Telephone Number (give area code) 559-562-7103	
d. Signature of Authorized Representative				e. Date Signed 3/30/05	

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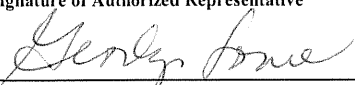
JUN 13 2005

STATE CLEARING HOUSE

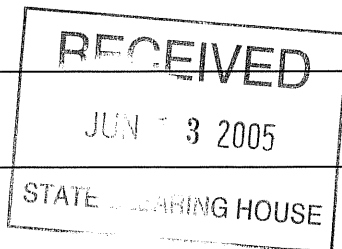
APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/13/05		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: The East Los Angeles Community Union			Organizational Unit: Department:		
Organizational DUNS: 010720597			Division:		
Address: Street: 5400 East Olympic Boulevard City: Los Angeles County: Los Angeles State: California Zip Code: 90022 Country:			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Jose Middle Name: Last Name: Villalobos Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2554256			Phone Number (give area code) 323-721-1655 Fax Number (give area code) 323-721-3560		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit Community Development Corporation Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):			9. NAME OF FEDERAL AGENCY: DHHS; ACF		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles, Riverside, Orange and San Bernadino Counties			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Capacity building for Hispanic marriage and gang involved youth		
13. PROPOSED PROJECT Start Date: 10/01/05 Ending Date: 02/30/07			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 25, 29, 30 b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 1,000,000.00 b. Applicant \$ 250,000.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 1,250,000.00			a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 06/13/05 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
a. Authorized Representative Prefix: Mr. First Name: Jose Middle Name: Suffix:			c. Telephone Number (give area code) 323-721-1655 e. Date Signed 06/13/05		
Last Name: Villalobos b. Title: Senior Vice President d. Signature of Authorized Representative					

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Grants Management & Administration	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Steve Henley (213) 922-3093	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 44 0 19 75		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: X New <input type="checkbox"/> Continuation Revision If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
		State Chartered Transit District	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20 - 5 07 TITLE 49 U.S.C. § 5307		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: CA-90-Y380 – Capital and Operating Assistance	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date 09/30/02	Ending Date 12/31/08	a. Applicant 25 through 39, 42, 46	b. Project Same as Applicant

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a Federal	\$ 30,961,000.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>06/10/05</u> b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$.00		
c State	\$.00		
d Local	\$ 4,697,830.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 35,658,830.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative Gladys Lowe		b Title Director Regional Program Management	c Telephone number (213) 922-2459
d. Signature of Authorized Representative 		e. Date Signed <u>6-10-05</u>	

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED April 1, 2005		Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

1. TYPE OF SUBMISSION:	Preapplication
<input type="checkbox"/> Application Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION	
Legal Name: City of Woodlake	Organizational Unit:
Address (give city, county, State, and zip code): 350 N. VALENCIA County of Tulare WOODLAKE, CA. 93286	Name and telephone number of person to be contacted on matters involving this application (give area code) Bill Lewis (559) 564-8055

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000458
--

8. TYPE OF APPLICATION:
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/>
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)
A. State H. Independent School Dist. <input checked="" type="checkbox"/> C B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)

9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT
--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: COMMUNITY FACILITIES 10-766

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PURCHASE PUBLIC SAFETY EQUIPMENT

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): WOODLAKE, CALIFORNIA

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: 21
----------------------	------------------------------------

Start Date 7/1/05	Ending Date 6/30/06	a. Applicant DEVIN NUNES
----------------------	------------------------	-----------------------------

b. Project DEVIN NUNES

15. ESTIMATED FUNDING:	
a. Federal	\$ 51,700.00
b. Applicant	\$ 42,300.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 94,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE
b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative WILLIAM LEWIS	b. Title CITY MANAGER	c. Telephone Number (559) 564-8055
Signature of Authorized Representative		e. Date Signed 4/4/05

RECEIVED
JUN 13 2005
STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06-15-2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
6. APPLICANT INFORMATION				
Legal Name: Central California Foundation for Health dba Delano Regional Medical Center		Organizational Unit: Department: N/A		
Organizational DUNS: 77-0258013		Division: N/A		
Address: Street: G. 1401 Garces Highway City: Delano County: Kern State: CA Country: USA		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Lynn Middle Name: Last Name: Gireath Suffix: Program Coordinator Email: glr@drmc.com Phone Number (give area code) 661-725-5206 Fax Number (give area code) 661-721-5234		
Zip Code: 93215				
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0258013				
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non-profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571		9. NAME OF FEDERAL AGENCY: DHHS - Administration for Children and Families		
TITLE (Name of Program): Community Services Block Grant Discretionary Awards		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Healthy Choices for Life:</u> A multifaceted health outreach program to alleviate access barriers to timely health information and healthy foods among historically hard-to-reach Latino populations in Delano, CA such as seasonal and migrant farmworkers & families.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Delano, Kern County, California		14. CONGRESSIONAL DISTRICTS OF:		
13. PROPOSED PROJECT Start Date: September 2005 Ending Date: August 2006		a. Applicant 20th Congressional District b. Project 20th Congressional District		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 13, 2005		
b. Applicant in-kind	\$ 40,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ 0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 0.00			
g. TOTAL	\$ 90,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix	First Name Allan	Middle Name G.		
Last Name Komarek		Suffix Ph.D.		
b. Title Executive Director		c. Telephone Number (give area code) 661-721-5203		
d. Signature of Authorized Representative		e. Date Signed 06-01-05		

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED JUNE 13, 2005		Applicant Identifier 05-430	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE JUNE 10, 2005	
<input checked="" type="checkbox"/> Non-Construction		<input checked="" type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: CITY OF MODESTO			Organizational Unit: Department: PARKS, RECREATION & NEIGHBORHOODS		
Organizational DUNS: 07 307 2451			Division: SOLID WASTE MANAGEMENT		
Address: Street: PO BOX 642			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: MODESTO			Prefix: MS First Name: KARIN		
County: STANISLAUS			Middle Name: C.		
State: CA Zip Code: 95353			Last Name: RODRIGUEZ		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000374			Email: krodriquez@modestogov.com		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types) C - MUNICIPALITY		
Other (specify)			Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): SOLID WASTE MANAGEMENT ASSISTANCE			9. NAME OF FEDERAL AGENCY: EPA REGION 9 - PACIFIC SW OFFICE - ADRIENNE PRISELAC		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CITIES - CITY OF MODESTO			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMERCIAL FOOD WASTE COMPOSTING PILOT PROGRAM - PARTNER WITH LOCAL RESTAURANTS AND GARBAGE COMPANIES TO SEPERATE FOOD AND ORGANIC WASTE FOR COMPOSTING AT THE CITY'S COMPOST FACILITY.		
13. PROPOSED PROJECT Start Date: OCTOBER 2005 Ending Date: APRIL 2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18, 19 b. Project 18, 19		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 49,850			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$			DATE: JUNE 10, 2005		
c. State \$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other \$ 44,050			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 93,900					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix MR		First Name GEORGE		Middle Name W.	
Last Name BRITTON				Suffix	
b. Title CITY MANAGER				c. Telephone Number (give area code) 209/577-5224	
d. Signature of Authorized Representative				e. Date Signed 06/10/2005	

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APPROVED AS TO FORM

Fernando R. Stevens
Assistant City AttorneyStandard Form 424 (Rev.9-2003)
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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 6/15/05	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
8. APPLICANT INFORMATION			
Legal Name: Fresno Metropolitan Ministry		Organizational Unit: Department: Hunger + Nutrition Project	
Organizational DUNS: 16-730-5911		Division: -	
Address: Street: 1055 N. Van Ness, Suite H		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Edith	
City: Fresno		Middle Name: CLEARMAN	
County: Fresno		Last Name: Jessup	
State: CA	Zip Code: 93728	Suffix:	
Country: USA	Email: edie@fresnoetmin.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2187848		Phone Number (give area code): 559-485-1416	Fax Number (give area code): 559-485-9109
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="radio"/> STATE CLEARING HOUSE Other (specify):	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-577		9. NAME OF FEDERAL AGENCY: DHHS: Admin for Children & Families: OCS, CNP	
TITLE (Name of Program): COMMUNITY FOOD & NUTRITION PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno Food Access Project	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno City & County			
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 9/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: #20 Jim Costa b. Project: #20 Jim Costa	
16. ESTIMATED FUNDING:		18. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 50,000	a. Yes: <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/10/05	
b. Applicant	\$	b. No: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$		
g. TOTAL	\$ 50,000		
19. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name: Edith	Middle Name: CLEARMAN	
Last Name: Jessup	Suffix:		
b. Title: Hunger + Nutrition Project	c. Telephone Number (give area code): 559-485-1416		
d. Signature of Authorized Representative: Edith C Jessup	e. Date Signed: 6/10/05		

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 9, 2005		Applicant Identifier 05-426	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Salton Sea Authority			Organizational Unit: Department: Salton Sea Authority		
Organizational DUNS: 111370784			Division:		
Address: Street: 78-401 Hwy 111, Suite T			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: LaQuinta			Prefix: First Name: Daniel		
County: Riverside			Middle Name Ryan		
State: California			Last Name Cain		
Zip Code 92253			Suffix:		
Country: United States			Email: dcain@saltonsea.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0883611			Phone Number (give area code) (760) 564-4888		
			Fax Number (give area code) (760) 564-5288		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Other (specify) Joint Powers Authority		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-606			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Riverside and Imperial Counties			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The goal of the project is to determine and disseminate the impact that the States of California's final alternative will have on air quality in the Salton Sea region		
13. PROPOSED PROJECT Start Date: 9-1-05 Ending Date: 08-30-06			14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 45 b. Project District 45		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 99,200			a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: June 9, 2005		
b. Applicant \$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other \$			<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income \$					
g. TOTAL \$ 99,200					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Ron		Middle Name	
Last Name Enzweiler				Suffix	
b. Title Executive Director				c. Telephone Number (give area code) (760) 564-4888	
d. Signature of Authorized Representative				e. Date Signed June 9, 2005	

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APPLICATION FOR FEDERAL ASSISTANCE		DATE SUBMITTED June 09, 2005	Applicant Identifier
1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name Valero Energy Corporation		Organizational Unit Valero Energy Corporation	
Address PO Box 696000 San Antonio, Texas 78269-6000		Name and telephone number of the person to be contacted on matters involving this application Anderson, Gregory (210) 345-2086	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 74-1828067		7. TYPE OF APPLICANT Profit Organization	
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Office of State and Local Government Coordination and Preparedness	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 97.056 CFDA TITLE: Port Security Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Valero Benicia Refinery Security Enhancement Project, Port of San Francisco, California. CONGRESIONAL DISTRICT: CA07	
12. AREAS AFFECTED BY PROJECT Facility access areas both landside and waterside to prevent and detect IED devices concealed in motor vehicles and marine vessels. The facilities protected are regulated under 33 CFR Part 105.			
13. PROPOSED PROJECT Start Date: October 01, 2005 End Date: July 01, 2007		14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project TX23	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$511,825	This preapplication/application was made available to the state executive order 12372 process for review on 06/09/2005	
Applicant	\$511,825		
State	\$0		
Local	\$0		
Other	\$0		
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	

TOTAL	\$1,333,650	N
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
5. APPLICANT INFORMATION			
Legal Name California State Lands Commission		Organizational Unit Marine Facilities Division	
Address 200 Oceangate Suite 900 Long Beach, California 90802-4335		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED JUN 09 2005 STATE CLEARING HOUSE </div> Name and telephone number of the person to be contacted on matters involving this application Hermanson, Donald (562) 499-6312	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 68-0291104		7. TYPE OF APPLICANT State	
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Office of State and Local Government Coordination and Preparedness	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 97.056 CFDA TITLE: Port Security Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Purchase and deploy portable radiation detectors in California's major seaports.	
12. AREAS AFFECTED BY PROJECT California seaports of San Diego, Los Angeles-Long Beach, Port Hueneme, San Francisco Bay, and Humbo Bay.			
13. PROPOSED PROJECT Start Date: September 15, 2005 End Date: March 15, 2008		14. CONGRESSIONAL DISTRICTS OF a. Applicant CA01 CA07 CA08 CA09 b. Project CA23 CA30 CA31 CA33 CA35 CA36 CA53	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$22,766	This preapplication/application was made	
Applicant	\$0		
State	\$0		

Local	\$0	available to the state executive order 1237
Other	\$0	process for review on 06/09/2005
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
TOTAL	\$22,766	N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZE BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED June 09, 2005	Applicant Identifier
1. TYPE OF SUBMISSION Application Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier	
	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name Valero Energy Corporation		Organizational Unit Valero Energy Corporation	
Address PO Box 696000 San Antonio, Texas 78269-6000		Name and telephone number of the person to be contacted on matters involving this application Anderson, Gregory (210) 345-2086	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 74-1828067		7. TYPE OF APPLICANT Profit Organization	
8. TYPE OF APPLICATION New		9. NAME OF FEDERAL AGENCY Office of State and Local Government Coordination and Preparedness	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 97.056 CFDA TITLE: Port Security Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT Valero Wilmington Refinery Security Enhancement Project, Port of Long Beach, California. CONGRESIONAL DISTRICT: CA46	
12. AREAS AFFECTED BY PROJECT Facility access areas both landside and waterside to prevent and detect IED devices concealed in motor vehicles and marine vessels. The facilities protected are regulated under 33 CFR Part 105.			
13. PROPOSED PROJECT Start Date: October 01, 2005 End Date: July 01, 2007		14. CONGRESSIONAL DISTRICTS OF a. Applicant b. Project TX23	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
Federal	\$504,350	This preapplication/application was made available to the state executive order 12372 process for review on 06/09/2005	
Applicant	\$504,350		
State	\$0		
Local	\$0		
Other	\$0		
Program Income	\$0	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	

TOTAL

\$1, 3,700

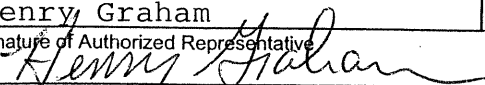
N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/7/2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Westmorland		Organizational Unit: Municipality	
Address (give city, county, State, and zip code): 355 South Center St./P.O. Box 699 Westmorland, Ca. 92281 (Imperial County)		Name and telephone number of person to be contacted on matters involving this application (give area code) Sally Traylor, (760) 344-3411	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000811		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> C </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between;"> <div> A. Increase Award B. Decrease Award D. Decrease Duration Other(specify): _____ </div> <div> C. Increase Duration JUN 10 2005 STATE CLEARING HOUSE </div> </div>		9. NAME OF FEDERAL AGENCY: USDA RD	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Loans		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Youth Hall Renovation (Repair/replace roofing, tile, flooring, & doors)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Westmorland			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: 51st	
Start Date 7/10/06	Ending Date 5/10/07	a. Applicant City of Westmorland	b. Project Youth Hall Renovation
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 60,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/7/2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 2,000.00		
c. State	\$ 18,000.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 80,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Henry Graham		b. Title Mayor	c. Telephone Number (760) 344-3411
d. Signature of Authorized Representative 		e. Date Signed 6-2-05	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 06/13/05		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE N/A		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California State Coastal Conservancy			Organizational Unit: Department:		
Organizational DUNS: 808322408			Division:		
Address: Street: 1330 Broadway, Floor 11			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Oakland			Prefix: Ms.		First Name: Moir
County: Alameda			Middle Name		
State: CA			Last Name McEnespy		
Zip Code 94612			Suffix:		
Country:			Email: mmcenespy@scc.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3164968			Phone Number (give area code) 510-286-4165		Fax Number (give area code) 510-286-0470
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-614 TITLE (Name of Program): National Coastal Wetlands Conservation Program			9. NAME OF FEDERAL AGENCY: U.S. Department of Interior, Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Arcata, County of Humboldt, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Arcata Baylands Restoration/Enhancement Project, Humboldt Bay, Humboldt County, California		
13. PROPOSED PROJECT Start Date: 10/01/05 Ending Date: 06/30/08			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Barbara Lee b. Project Mike Thompson		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	1,000,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	750,000.00	DATE: 06/10/05		
c. State	\$	1,447,400.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	82,000.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	215,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	0.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	3,494,400.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Samuel		Middle Name	
Last Name Schuchat				Suffix	
b. Title Executive Officer				c. Telephone Number (give area code) 510-286-1015	
d. Signature of Authorized Representative				e. Date Signed 6/8/05	

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**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY		Applicant Identifier State Application Identifier Federal Identifier	
---	--	---	--	--	--

5. APPLICANT INFORMATION Legal Name: <u>Sacramento Financial Conferences</u> Organizational DUNS: <u>027500011</u> Address: Street: <u>155 E. Third Avenue</u> City: <u>Chico</u> County: <u>Butte</u> State: <u>CA</u> Zip Code <u>95926</u> Country: <u>USA</u>			Organizational Unit: Department: <u>Administration</u> Division: Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <u>Mr.</u> First Name: <u>Jon</u> Middle Name: <u>Carl</u> Last Name: <u>Gregory</u> Suffix: Email: <u>ion@goldencapital.net</u> Phone Number (give area code) Fax Number (give area code) <u>530-893-8828</u> <u>530-893-8927</u>		
--	--	--	---	--	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <u>94-3138048</u> </div>		7. TYPE OF APPLICANT: (See back of form for Application Types) <u>N</u> Other (specify) <u>Nonprofit 501(c)6 Corporation</u>	
---	--	--	--

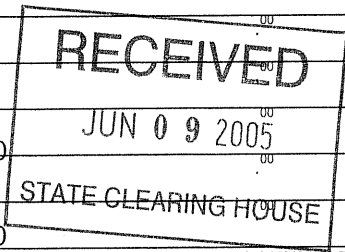
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: <u>USDA Rural Development</u>	
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): <u>Rural Business Enterprise Grant</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Venture Communities Pilot Technical Assistance Project for Small & Emerging Growth Businesses</u>	
---	--	--	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>Counties of Butte, Shasta, Merced, Lake, Mendocino</u>		13. PROPOSED PROJECT Start Date: <u>July 1, 2005</u> Ending Date: <u>June 30, 2006</u>	
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14. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:40%; text-align: right;">70,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>10,000</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>80,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	70,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$	10,000	.00	f. Program Income	\$.00	g. TOTAL	\$	80,000	.00	15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>June 6, 2005</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	70,000	.00																												
b. Applicant	\$.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$	10,000	.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	80,000	.00																												

16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix: <u>Mr.</u> First Name: <u>Jon</u> Middle Name: <u>Carl</u> Last Name: <u>Gregory</u> Suffix: b. Title: <u>President & CEO</u> c. Telephone Number (give area code): <u>530-893-8828</u> d. Signature of Authorized Representative: e. Date Signed: <u>June 6, 2005</u>	
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APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 2, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY JUN - 6 2005	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: California Association Future Farmers of America		Organizational Unit:	
Address (give city, county, State, and zip code): P.O. Box 834, Elk Grove, CA 95759-0834		Name and telephone number of person to be contacted on matters involving this application (give area code) Rosemary Farao-Vernon (805) 473-3320	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 6053264		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">M</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development - Community Facilities	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The FFA Center is a 8,000 square foot facility that will become the hub of operations for the association. It will provide leadership training, satellite conferencing, and extend communication access to state leaders.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Galt, County of Sacramento, California			
13. PROPOSED PROJECT Start Date: 7/15/05 Ending Date: 4/1/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: California FFA b. Project: FFA Center	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 1,500,000.00 b. Applicant \$ 1,500,000.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 3,000,000.00		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Dick Piersma		b. Title Board of Director, FFA Association	
c. Telephone Number (209) 985-6556		e. Date Signed 6-2-05	
d. Signature of Authorized Representative			

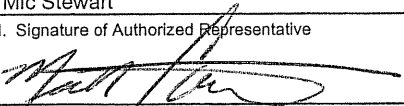
Previous Edition Usable

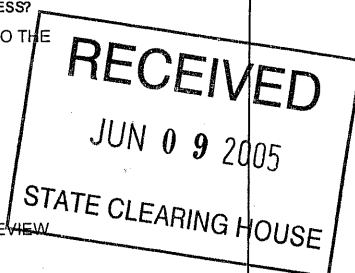
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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 8, 2005		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, LIST ACRONYM(S)					
Legal Name: Metropolitan Water District of Southern California			Organizational Unit: Water Systems Operation/Water Quality		
Address (give city, county, state, and zip code): La Verne Los Angeles County California 91750			Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code) Pl: Anthea K. Lee (909-392-5261) ADMIN. CONTACT: Lynn Kelemen (909-392-5396)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 - 6 0 0 2 0 7 1 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) G		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
			9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCER		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 6 . 5 0 0 </div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Development and Evaluation of Innovative Approaches for the Quantitative Assessment of Pathogens in Drinking Water		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): United States					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant		b. Project	
Jan 1, 2006	Dec 31, 2008	Los Angeles, 26th		Los Angeles, 26th	
15. ESTIMATED TOTAL PROJECT FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 600,000 .00	<input checked="" type="checkbox"/> a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:			
b. Applicant	\$ 653,950 .00	DATE <u>6-8-05</u>			
c. State	\$.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e. Other	\$.00				
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
g. TOTAL	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative		b. Title		c. Telephone number	
Mic Stewart		Water Quality Section Manager		213-217-5696	
d. Signature of Authorized Representative				e. Date Signed	
				6-7-05	



APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6-8-05		Applicant Identifier	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier CA-90-4342	
5. APPLICANT INFORMATION					
Legal Name: Antelope Valley Transit Authority				Organizational Unit:	
Address (give city, county, State, and zip code): 42210 6th Street West Lancaster, CA 93534				Name and telephone number of person to be contacted on matters involving this application (give area code): Ron Cunningham 661-729-2209	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-4377119				7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):				A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
				9. NAME OF FEDERAL AGENCY: U.S. Department of Transportation Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Federal Transit--Formula 20-507 Grants (Urban Area Formula Program)				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The purchase of upgrade to fare collection equipment, bus stop improvements, support vehicles, and additional funding for Phase II construction and equipment for Maintenance & Operations Facility.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Antelope Valley portion of northern Los Angeles County, California					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 5/31/00	Ending Date 12/31/06	a. Applicant 22 and 25		b. Project 22 and 25	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 3,873,220.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6-8-05			
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$				
d. Local	\$ 874,435.00				
e. Other	\$				
f. Program Income	\$				
g. TOTAL	\$ 4,747,655.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Randy Floyd		b. Title Executive Director		c. Telephone Number 661-729-2206	
d. Signature of Authorized Representative				e. Date Signed 6-8-05	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION		2. DATE SUBMITTED		Applicant Identifier	
Application Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
Preapplication Construction Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Western Shasta RCD			Organizational Unit:		
Address (give city, county, state, and zip code): 6270 Parallel Rd Anderson CA 96007			Name and telephone number of the person to be contacted on matters involving this application (give area code): 530-365-7332		
6. EMPLOYER IDENTIFICATION (EIN): 68-0285323			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New Continuation Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			9. NAME OF FEDERAL AGENCY: EPA		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-461 TITLE: Wetland Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Identifying status and trends of wetland habitat in the Lower Clear Creek watershed		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Shasta County CA					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICT OF:			
Start Date 9-1-05	End Date 5-1-07	a. Applicant: 2		b. Project 2	
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 37,831	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 6/8/05			
b. Applicant	\$	b. NO PROGRAM IS NOT COVERED BY E.O. 12372			
c. State	\$ 12,610	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$	YES If "Yes" attach an explanation. NO			
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
g. TOTAL	\$ 50,441	a. Typed Name of Authorized Representative: Mary Schroeder		b. Title: Manager	
		c. Telephone Number: 530-365-7332		e. Date Signed: 3-20-05	
		d. Signature of Authorized Representative: Mary Schroeder			

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED 6/7/05	Applicant Identifier	
			3. DATE RECEIVED BY STATE	State Application Identifier N/A	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier N/A	
5. APPLICANT INFORMATION					
Legal Name: San Francisco Department of Public Health			Organizational Unit: Department: Nutrition Services		
Organizational DUNS: 103717336			Division: Community Health Services		
Address: Street: 30 Van Ness Avenue, Suite 260			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: San Francisco			Prefix: MS	First Name: Maria	
County: San Francisco			Middle Name R.		
State: CA			Last Name LeClair		
Zip Code 94102			Suffix: MPA, RD		
Country: USA			Email: maria.leclair@sfdph.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000417			Phone Number (give area code) 415-575-5686		Fax Number (give area code) 415-575-5695
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-571 TITLE (Name of Program): Department of Health and Human Services Community Food & Nutrition Program			9. NAME OF FEDERAL AGENCY: Department of Health & Human Services		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City & County of San Francisco			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: San Francisco Food Security Task Force		
13. PROPOSED PROJECT Start Date: 12/01/05 Ending Date: 11/30/06			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 5th b. Project 5th		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	49,795.00	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	.00	DATE:		
c. State	\$	.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	49,795.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name Barbara		Middle Name	
Last Name Garcia				Suffix	
b. Title Director, Community Health Services				c. Telephone Number (give area code) 415-255-3525	
d. Signature of Authorized Representative				e. Date Signed 6/7/05	

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Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED June 10, 2005		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: State Center Community College District Address (give city, county, state, and zip code): 550 East Shaw Avenue, Suite 155 Fresno, CA 93710-7702		Organizational Unit: University Center Export Program Name and telephone number of person to be contacted on matters involving this application (give area code): Candy Hansen, Project Director, University Center Export Program 1-888-638-7888 (559) 241-6566	
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6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 - 1 5 7 4 8 0 2 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin: 0 auto;">I</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>
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8. TYPE OF APPLICATION: <div style="text-align: center;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es): <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>A. Increase Award</div> <div>B. Decrease Award</div> <div>C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>D. Decrease Duration</div> <div>Other (specify): _____</div> </div>	9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce Economic Development Administration
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">3</div> </div> TITLE: Economic Development - Technical Assistance	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: University Center Export Program Technical Assistance - University Center Program
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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): See Attached Page			
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13. PROPOSED PROJECT: Start Date: 7/1/2005 Ending Date: 6/30/2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 19th b. Project: 3; 15-20; 37 & 45	
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15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%; text-align: right;">110,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">40,000.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">150,000.00</td> </tr> </table>		a. Federal	\$	110,000.00	b. Applicant	\$	40,000.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	150,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	110,000.00																						
b. Applicant	\$	40,000.00																						
c. State	\$.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$.00																						
g. TOTAL	\$	150,000.00																						

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Douglas Brinkley	b. Title Vice Chancellor Finance & Admin.	c. Telephone number (559) 244-5910
d. Signature of Authorized Representative		e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		DATE SUBMITTED		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST ACRONYM(S)					
Legal Name: Regents, University of California			Organizational Unit: College of Engineering		
Address (give city, county, state, and zip code): 200 University Office Building Riverside, CA 92521			Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code): PI: Mark Matsumoto matsumot@engr.ucr.edu (951) 827-2942 ADMIN. CONTACT: Cheryl Garry cgary@engr.ucr.edu (951) 827-4355		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 5 - 6 0 0 8 1 4 2			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			8. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency - ORD - NCER		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 6 - 5 0 0 TITLE: 2003-STAR - 2005 NCER 26			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rainwater Harvesting: A Simple Means of Supplementing California's Thirst for Water		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Riverside, LA Counties			<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg);"> RECEIVED JUN 7 2005 STATE CLEARING HOUSE </div>		
13. PROPOSED PROJECT: Start Date: 9/2005 Ending Date: 5/2006					
14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project					
15. ESTIMATED TOTAL PROJECT FUNDING: a. Federal \$ 10,000 .00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 10,000 .00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>June 7, 2005</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Ruben Gomez			b. Title Sr Contract & Grant Analyst		c. Telephone number (951) 827-5535
d. Signature of Authorized Representative <i>Ruben B. Gomez</i>					e. Date Signed 6/7/05

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/10/05	cant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Tri-County Economic Development Corporation		Organizational Unit:	
Address (give city, county, State, and zip code): 3120 Cohasset Road, Suite 5 Chico, Butte County, CA 95973		Name and telephone number of person to be contacted on matters involving this application (give area code) Marc Nemanic (530) 893-8732	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0065873		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>EDD</u>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce Economic Development Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Economic Planning Support for Planning Organization TITLE: 11-302		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementation of long-range economic development program designed to encourage new employment opportunities and to foster a stable and diversified local economy and improved local conditions so as to alleviate the substantial unemployment/underemployment in the Tri-County region of Butte, Glenn & Tehama.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Butte, Glenn & Tehama Counties and the Incorporated Cities Therein		13. PROPOSED PROJECT Start Date 7/1/05 Ending Date 6/30/06	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant 2 b. Project 2		15. ESTIMATED FUNDING:	
a. Federal \$ 67,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
b. Applicant \$		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/7/05	
c. State \$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local \$ 22,334		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other \$		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income \$		a. Type Name of Authorized Representative Marc Nemanic	
g. TOTAL \$ 89,334		b. Title Executive Director	
		c. Telephone Number (530) 893-8732	
		e. Date Signed 6/7/05	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCECalifornia
Cleaninghouse
916.323-3018

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 4, 2005		Applicant Identifier R9 Tracking Number 04-430	
3. PRE <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY STATE		State Application Identifier A009059-04-1	
5. APPLICANT INFORMATION - DUNS# 00-9381646		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: San Diego County Air Pollution Control District			Organizational Unit: San Diego County Air Pollution Control District		
Address (give city, county, state, and zip code): 9150 Chesapeake Drive San Diego, Ca. 92124-1096			Name and telephone number of the person to be contacted on matters involving this application (give area code) PATRICIA SALY - Tel. No. (858) 650-4506		
6. EMPLOYER IDENTIFICATION (EIN): 32-0488413			7. TYPE OF APPLICANT: (enter appropriate letter here) <u>G</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):		
8. TYPE OF APPLICATION: 9. <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify:			10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 66-001 TITLE: SECTION 105 GRANT		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: County Air Pollution Control Program maintenance of basic Air Pollution Control program and regional cooperative air quality planning process. Preparation, updating & implementation of plans for attaining & maintaining national ambient air quality standards.		
13. PROPOSED PROJECT: Start Date: 10-01-04 End Date: 09-30-05		14. CONGRESSIONAL DISTRICT OF: a. Applicant: 41, 42, & 43 b. Project: 41, 42, & 43 (Countywide)			
15. Estimated Funding: a. Federal: \$ 1,752,926.00 b. Applicant: \$ 15,782,302.00 c. State: \$ 767,500.00 d. Local: \$ e. Other: \$ f. Program Income: \$ g. TOTAL: \$ 18,252,728.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If 'Yes' attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative RICHARD J. SMITH		b. Title: Director, APC		c. Telephone Number (858) 650-4503	
d. Signature of Authorized Representative PATRICIA SALY - Chief, Air Pollution Control		c. Date Signed May 4, 2005			

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GMO, PMD-7Standard Form 424A (REV 4-88)
Prescribed by OMB Circular A-102

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted 06/10/2005	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name
United Cerebral Palsy/Spastic Children's Foundation of Los Angeles and Ventura Counties

8. Organizational Unit

9. Address (give city, county, State, and zip code)

A. Address: 6430 Independence Avenue

B. City: Woodland Hills

C. County: Los Angeles

D. State: California

E. Zip Code: 91367-2067

10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Jim P. Hudson

B. Title: Director of Finance

C. Phone: 818-782-2211

D. Fax: 818-909-9106

E. E-mail: jim_hudson@ucpla.org

11. Employer Identification Number (EIN) or SSN

95-1648203

12. Type of Applicant (enter appropriate letter in box)

N

A. State

I. University or College

B. County

J. Indian Tribe

C. Municipal

K. Tribally Designated Housing Entity (TDHE)

D. Township

L. Individual

E. Interstate

M. Profit Organization

F. Intermunicipal

N. Non-profit

G. Special District

O. Public Housing Authority

H. Independent School District

P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

14 — 181

Title: Section 811

Component Title: Supportive Housing for Persons with Disabilities

16. Descriptive Title of Applicant's Program

Glendale Affordable Apartments: New construction of a 24-unit permanent housing independent living accessible apartment building in Glendale, California for low-income developmentally disabled adults.

17. Areas affected by Program (boroughs, cities, counties, States,

Indian Reservation, etc.) City of Glendale, Los Angeles County, California

18a. Proposed Program start date

3/15/07

18b. Proposed Program end date

3/15/08

19a. Congressional Districts of Applicant

30

19b. Congressional Districts of Program

29

20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☒ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 06/06/05

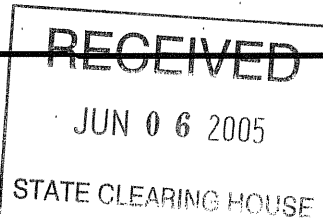
B. No ☐ Program is not covered by E.O. 12372

☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒ No

☐ Yes If "Yes," explain below or attach an explanation.



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Section 811	3,147,792.00	250,000.00			2,042,028.00	4,156,000.00	100,000.00		9,695,829.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	3,147,792.00	250,000.00	0.00	0.00	2,042,028.00	4,156,000.00	100,000.00	0.00	9,695,818.00


* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 	Name (printed) Ronald S. Cohen
Title C.E.O.	Date (mm/dd/yyyy) 05/31/2005

Application for Federal Assistance

U.S. Department of Housing
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

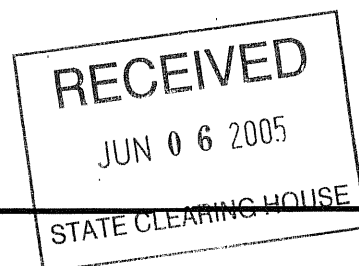
1. Type of Submission

☒ Application

☐ Preapplication

2. Date Submitted 06/10/2005	4. HUD Application Number
3. Date and Time Received by HUD	5. Existing Grant Number
	6. Applicant Identification Number

7. Applicant's Legal Name Homes for Life Foundation		8. Organizational Unit	
9. Address (give city, county, State, and zip code) A. Address: 8939 S. Sepulveda Blvd, Suite 460 B. City: Los Angeles C. County: Los Angeles D. State: California E. Zip Code: 90045-3653		10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Carol Liess B. Title: Executive Director C. Phone: 310-337-7417 D. Fax: 310-337-7413 E. E-mail: cless@homesforlife.org	
11. Employer Identification Number (EIN) or SSN 33-0248725		12. Type of Applicant (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. University or College J. Indian Tribe K. Tribally Designated Housing Entity (TDHE) L. Individual M. Profit Organization N. Non-profit O. Public Housing Authority P. Other (Specify)	
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)		14. Name of Federal Agency U.S. Department of Housing and Urban Development	
15. Catalog of Federal Domestic Assistance (CFDA) Number 14 --- 181 Title: Section 811 Component Title: Supportive Housing for Persons with Disabilities		16. Descriptive Title of Applicant's Program HFL Vanowen Apartments: New construction of a 25-unit permanent housing independent living accessible apartment building in Van Nuys, California for low-income mentally ill adults.	
17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.) City of Los Angeles, Los Angeles County, California		18a. Proposed Program start date 3/15/07	
18b. Proposed Program end date 3/15/08		19a. Congressional Districts of Applicant 35th	
		19b. Congressional Districts of Program 28th	
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.			
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input checked="" type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date 06/06/05 B. No <input type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.			
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.			



Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Supportive Housing	3,137,830.00				1,638,452.00	1,225,000.00	123,558.00		6,124,840.00
									0.00
									0.00
									0.00
									0.00
Grand Totals	3,137,830.00	0.00	0.00	0.00	1,638,452.00	1,225,000.00	123,558.00	0.00	6,124,840.00


* For FHIPs, show both Initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.

This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.

23. Signature of Authorized Official 		Name (printed) Carol M. Liess	
Title Executive Director		Date (mm/dd/yyyy) 06.03.05	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED June 6, 2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: San Francisco State University		Organizational Unit: Department: Romberg Tiburon Center for Environmental Studies		
Organizational DUNS: 942514985		Division:		
Address: Street: 3152 Paradise Drive		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Tiburon		Prefix: Or.		
County: Marin		First Name: Katharyn		
State: California		Middle Name: Elizabeth		
Zip Code: 94920-1205		Last Name: Boyer		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [9][3]-[1][1][3][7][2][4][7]		Email: katboyer@sfsu.edu		
7. TYPE OF APPLICANT: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code) 415-338-3751		
8. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1][1]-[4][6][3]		Fax Number (give area code) 415-435-7120		
9. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Counties		10. TYPE OF APPLICANT: (See back of form for Application Types) 7 Other (specify)		
11. PROPOSED PROJECT Start Date: May 1, 2005 Ending Date: February 23, 2006		11. NAME OF FEDERAL AGENCY: NOAA		
12. ESTIMATED FUNDING:		12. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Restoring the seagrass Zostera marina in San Francisco Bay: experimental evaluation of a seeding technique		
a. Federal \$ 60,000.00		13. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/6/05		
b. Applicant \$ 34,364.00		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State \$.00		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local \$.00		14. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
e. Other \$ 2,400.00				
f. Program Income \$.00				
g. TOTAL \$ 96,764.00				
15. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix: Dr.		First Name: Katharyn		Middle Name: Elizabeth
Last Name: Boyer		Suffix:		
b. Title: Assistant Professor		c. Telephone Number (give area code): 415-338-3751		
d. Signature of Authorized Representative: <i>Katharyn E Boyer</i>		e. Date Signed: <i>6/6/05</i>		

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/6/05	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	


RECEIVED
JUN 06 2005
STATE CLEARING HOUSE

5. APPLICANT INFORMATION Legal Name: North Coast Resource Conservation and I Address (give city, county, state, and zip code): 1301 Redwood Way, Suite 215 Petaluma, Calif. 94954		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code): Beverly Wasson (707) 953-9301	
6. EMPLOYER IDENTIFICATION (EIN): 6 8 - 0 4 8 4 9 4 1		7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>nonprofit 501 (c) (3)</u>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: Natural Resources Conservation Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 9 0 1 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Implementation of the RC&D Area Plan and Annual Work Plan	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) Marin, Sonoma, Lake, Mendocino Co., CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 9/7/04	Ending Date 10/31/06	a. Applicant 1,6	b. Project 1,6
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 15,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 6/6/05	
b. Applicant	\$	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
f. Program Income	\$		
g. Total	\$ 15,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Beverly Wasson		b. Title President	c. Telephone Number (707) 953-9301
d. Signature of Authorized Representative <i>Beverly Wasson</i>		e. Date Signed 6/1/05	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED April 5, 2005	Applicant Identifier
5. APPLICANT INFORMATION Legal Name: Woodlake Redevelopment Agency Address (give city, county, State, and zip code): 350 N. Valencia Blvd. Woodlake, CA. 93286		3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY State Application Identifier Federal Identifier	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 4 5 8 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; float: right; margin-top: -15px;">C</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): _____ </div> <div style="width: 30%;"> C. Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY: USDA RURAL DEVELOPMENT	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> 1 0 — 7 6 6 </div> TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: PURCHASE OF WOODLAKE AIRPORT PROPERTY	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Woodlake, California 93286		14. CONGRESSIONAL DISTRICTS OF:	
13. PROPOSED PROJECT Start Date 6/1/05	Ending Date 12/31/05	a. Applicant DEVIN NUNES	b. Project DEVIN NUNES
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 650,000.	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 650,000.		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative William Lewis		b. Title City Administrator	c. Telephone Number (559) 564-8055
d. Signature of Authorized Representative 		e. Date Signed 4/22/05	

JUN 03 '05 11:56AM AQMD FINANCE APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 6/5/05		App# 3 Identifier	
1. TYPE OF SUBMISSION Application		Preapplication		3. DATE RECEIVED BY STATE DATE	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY DATE	
5. APPLICANT INFORMATION					
Legal Name: SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT				Organizational Unit:	
Address (give city, county, state, and zip code): 21865 COPLEY DRIVE DIAMOND BAR, CA 91765				Name and telephone number of the person to be contacted on matters involving this application (give area code) Mary Leonard (909) 396-2780	
6. EMPLOYER IDENTIFICATION (BIN): 953099419				7. TYPE OF APPLICANT: (enter appropriate letter here) <u>N</u> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): Regional Agency	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision IF Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Other Specify:				9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>66.034</u> TITLE: Air Pollution Control Program Support				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: \$103 Truck Engine Idle Reduction Technology Demonstration Program	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties					
13. PROPOSED PROJECT: Start Date 9/30/2005		End Date 9/30/2009		14. CONGRESSIONAL a. Applicant: 24-48 b. Project: 24-48	
15. Estimated Funding:				16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE 6/5/05 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal		\$		300,000	
b. Applicant		\$		300,000	
c. State		\$			
d. Local		\$			
e. Other		\$			
f. Program Income		\$			
g. TOTAL		\$		600,000	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative. Barry R. Wallerstein, D.Env.				b. Title: Executive Officer	
c. Telephone Number (909) 396-2100				d. Date Signed 5/31/08	
e. Signature of Authorized Representative 					

1. TYPE OF SUBMISSION
 Application

Preapplication

3. DATE RECEIVED BY . . . E

State Application Identifier

☐ Construction
☒ Non-Construction

☐ Construction
☒ Non-Construction

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name:
 SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT

Organizational Unit:

Address (give city, county, state, and zip code):
 21865 COPLEY DRIVE
 DIAMOND BAR, CA 91765

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Mary Leonard (909) 396-2780

6. EMPLOYER IDENTIFICATION (BIN):
 953099419

RECEIVED
 JUN 03 2005
 STATE CLEARING HOUSE

7. TYPE OF APPLICANT: (enter appropriate letter here) N
 A. State M. Independent School District
 B. County I. State Controlled Institution of Higher Learning
 C. Municipal J. Private University
 D. Township K. Indian Tribe
 E. Interstate L. Individual
 F. Intermunicipal M. Profit Organization
 G. Special District N. Other (Specify): Regional Agency

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es): ☐ ☐
☐ A. Increase Award ☐ B. Decrease Award
☐ C. Increase Duration ☐ D. Decrease Duration
☐ Other Specify:

9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency

10. CATALOG OF FEDERAL
 DOMESTIC ASSISTANCE NUMBER: 66.034
 TITLE: Air Pollution Control Program Support

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 S103 Truck Engine Idle Reduction Technology Demonstration Program

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Orange, and the non-desert areas of Los Angeles, Riverside, and San Bernardino Counties

13. PROPOSED PROJECT:

Start Date End Date
 9/30/2005 9/30/2009

14. CONGRESSIONAL

a. Applicant: 24-48

b. Project: 24-48

15. Estimated Funding:

a. Federal	\$	300,000
b. Applicant	\$	300,000
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	600,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. ☒ YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:
 DATE
 NO.
 b. ☐ PROGRAM IS NOT COVERED BY E.O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative.
 Barry R. Wallerstein, D.Env.

b. Title:
 Executive Officer

c. Telephone Number:
 (909) 396-2100

d. Signature of Authorized Representative

e. Date Signed
 5/31/05

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 17, 2005	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Madera County Fire Department Address (give city, county, State, and zip code): 14225 Road 28 Madera, CA 93638		Organizational Unit: Fire Department Name and telephone number of person to be contacted on matters involving this application (give area code): Paul Helm (559) 675-7799
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 5 1 8 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 800px;">B</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> A. Increase Award D. Decrease Duration </div> <div> B. Decrease Award Other(specify): _____ </div> <div> C. Increase Duration </div> </div>	9. NAME OF FEDERAL AGENCY: United States Department of Agriculture	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 350px;"> 1 0 — 7 6 6 </div> TITLE: _____	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fire Engine 4-Wheel Drive, Crew Cab	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Parksdale, Madera County, City of Madera, California		

13. PROPOSED PROJECT Start Date _____ Ending Date _____	14. CONGRESSIONAL DISTRICTS OF: <div style="font-size: large; font-weight: bold; text-align: center;">19TH CONGRESSIONAL DISTRICT CALIFORNIA</div> <div style="display: flex;"> <div style="width:50%;"> a. Applicant Madera County Fire Department </div> <div style="width:50%;"> b. Project Purchase of 4WD Crew Cab Fire Engine </div> </div>
---	---

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">40,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">250,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">290,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal	\$	40,000	.00	b. Applicant	\$	0	.00	c. State	\$	0	.00	d. Local	\$	250,000	.00	e. Other	\$	0	.00	f. Program Income	\$	0	.00	g. TOTAL	\$	290,000	.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>MAY 12, 2005</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	40,000	.00																										
b. Applicant	\$	0	.00																										
c. State	\$	0	.00																										
d. Local	\$	250,000	.00																										
e. Other	\$	0	.00																										
f. Program Income	\$	0	.00																										
g. TOTAL	\$	290,000	.00																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
---	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Paul Helm	b. Title Division Chief	c. Telephone Number (559) 675-7799
d. Signature of Authorized Representative 		e. Date Signed 5-18-05

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

05-2005-083



OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY	Applicant Identifier State Application Identifier Federal Identifier																												
5. APPLICANT INFORMATION																															
Legal Name: City of San Joaquin		Organizational Unit: Public Body																													
Address (give city, county, State, and zip code): P O BOX 758 San Joaquin, CA 93660		Name and telephone number of person to be contacted on matters involving this application (give area code) Lupe Estrada (559) 693-4311 ext. 20																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000413		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; padding: 2px; width: 20px; float: right;">C</div> <div style="clear: both;"></div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE: Community Facilities Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Van for transporting inmate work crew to City for city public works projects.																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin																															
13. PROPOSED PROJECT Start Date Ending Date		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 20 - Costa b. Project 20 Costa																													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%;">22,500</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>7,500</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>30,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	22,500	.00	b. Applicant	\$	7,500	.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$	30,000	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	22,500	.00																												
b. Applicant	\$	7,500	.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	30,000	.00																												
<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED JUN 3 2005 STATE CLEARING HOUSE </div>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Type Name of Authorized Representative Cruz Ramos		b. Title City Manger																													
d. Signature of Authorized Representative 		c. Telephone Number 693-4311 e. Date Signed 4-22-05																													

05-2005-084

RCH
#304Approved
5/26/05

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: City of San Joaquin			Organizational Unit: Public Body		
Address (give city, county, State, and zip code): P O BOX 758 San Joaquin, CA 93660			Name and telephone number of person to be contacted on matters involving this application (give area code) Lupe Estrada (559) 693-4311 ext. 20		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000418			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 0 - 7 6 6 TITLE: Community Facilities Grant			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Police Car for increased patrolling within City Limits		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date	Ending Date	a. Applicant 20 - Costa		b. Project 20 Costa	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 30,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$ 10,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 40,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Cruz Ramos		b. Title City Manger		c. Telephone Number 693-4311	
d. Signature of Authorized Representative <i>Cruz W. Ramos</i>				e. Date Signed 4-22-05	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/9/05 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 	Applicant Identifier 05-003 State Application Identifier Federal Identifier 																					
5. APPLICANT INFORMATION Legal Name: Community Development Agency, County of Marin Organizational DUNS: 17-040-8731 Address: Street: Environmental Health Services, Room 236 3501 Civic Center Drive City: San Rafael County: Marin State: CA Zip Code: 94903 Country: 																								
		Organizational Unit: Department: Community Development Agency Division: Environmental Health Services Name and telephone number of person to be contacted involving this application (give area code) Prefix: Mr. First Name: Philip Middle Name: D. Last Name: Smith Suffix: Email: psmith@co.marin.ca.us Phone Number (give area code): 415-499-7338 Fax Number (give area code): 415-507-4120																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000519		7. TYPE OF APPLICANT: (See back of form for Application Types) County (b) Other (specify)																						
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Surveys, Special Studies, special Purpose Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Marin County, California (Tomales Bay watershed)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Improvement of water quality and septic systems in Tomales Bay, Marin County, CA																						
13. PROPOSED PROJECT Start Date: May 1, 2005 Ending Date: May 1, 2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td>157,827</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>190,000</td></tr> <tr><td>c. State</td><td>\$</td><td></td></tr> <tr><td>d. Local</td><td>\$</td><td></td></tr> <tr><td>e. Other</td><td>\$</td><td></td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>347,827</td></tr> </table>		a. Federal	\$	157,827	b. Applicant	\$	190,000	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	347,827	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 23 Jun 1, 2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	157,827																						
b. Applicant	\$	190,000																						
c. State	\$																							
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$																							
g. TOTAL	\$	347,827																						
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																						
a. Authorized Representative Prefix: Mr. First Name: Alex Middle Name: Last Name: Hinds Suffix: b. Title Director, Community Development Agency c. Telephone Number (give area code) 415-499-7001 d. Signature of Authorized Representative Alex Hinds e. Date Signed May 11, 05																								

POST-IT FAX NOTE 10/1
 To: STATE REVIEW
 Co/Dept: 916-445-6613
 Phone #: 916-323-3016
 Fax #: 916-323-2675
 From: MARIN EHS
 Co: 510-507-6120
 Date: 6/1/05
 Pages: 1

RECEIVED
 JUN 03 2005
 STATE CLEARING HOUSE

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 06-03-2005	Applicant Identifier 05-314	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name: The Regents of the University of California; University of California, Davis		Organizational Unit: Department: Tahoe Environmental Research Center		
Organizational DUNS: 047120084		Division: John Muir Institute of the Environment		
Address: Street: Sponsored Programs - 118 Everson Hall, One Shields Avenue University of California, Davis Campus		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Davis		Prefix: Dr.		
County: Yolo		First Name: Geoffrey		
State: California		Middle Name		
Zip Code 95616		Last Name Schladow		
Country: USA		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6036494		Email: gschladow@ucdavis.edu		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		Phone Number (give area code) 530-752-6932		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-436		Fax Number (give area code) 530-752-7872		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Counties: Placer, Nevada, El Dorado (CA); Washoe, Douglas, Carson (NV)		7. TYPE OF APPLICANT: (See back of form for Application Types) 1- Other (specify)		
13. PROPOSED PROJECT Start Date: October 1, 2005 Ending Date: March 31, 2007		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency		
15. ESTIMATED FUNDING:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sources, Distribution and Dynamics of Fine Particles in Lake Tahoe: Linkage to Restoration of Lake Clarity		
a. Federal \$ 199,643		14. CONGRESSIONAL DISTRICTS OF: a. Applicant California District 1 b. Project CA District 4, NV District 2		
b. Applicant \$		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 6/2/05 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
d. Local \$		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
e. Other \$		a. Authorized Representative Prefix First Name Kimberly Middle Name		
f. Program Income \$		Last Name Lamar Suffix		
g. TOTAL \$ 199,643		b. Title Contracts & Grants Analyst c. Telephone Number (give area code) (530) 752-6065		
d. Signature of Authorized Representative Kimberly Lamar		e. Date Signed 6/2/05		

Version 7/03

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 17, 2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name: California Grain Foundation		Department:	
Organizational DUNS: 361083186		Division:	
Address: Street: 1240 Commerce Ave, Suite A		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Woodland		Prefix:	First Name: Bonnie
County: Yolo		Middle Name	
State: California		Last Name Fernandez	
Zip Code 95776	Suffix:		
Country: United States		Email: bfernandez@californiawheat.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 74-3082391		Phone Number (give area code) (530) 661-1292	Fax Number (give area code) (530) 661-1332
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) <input type="checkbox"/> O. Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program):		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yolo - Solano - Yuba - Sutter - Solano Counties		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The Development of a Cover Crop Seed Industry in Yuba, Sutter, Yolo, Solano and Colusa Counties.	
13. PROPOSED PROJECT Start Date: July 1, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Thompson	
Ending Date: March 31, 2006		b. Project Thompson, Herger, Lungren	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 68,545	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 500	DATE:	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 64,689	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 133,734		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative		Middle Name	
Prefix	First Name Bonnie	Suffix	
Last Name Fernandez		c. Telephone Number (give area code) (530) 861-1292	
b. Title Executive Director		e. Date Signed 5/17/05	
d. Signature of Authorized Representative			

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: CSU, Chico Research Foundation		Organizational Unit: Department: Office of Sponsored Programs	
Organizational DUNS: 61-217-7162		Division:	
Address: Street: CSU, Chico - Bldg. 25		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Chico		Prefix:	First Name:
County: Butte		Middle Name	
State: CA		Last Name	
Zip Code	95929-0870	Suffix:	
Country: United States of America		Email:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0386518		Phone Number (give area code) (530) 898-5700	Fax Number (give area code) (530) 898-6804
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Other - Nonprofit 501(c)3 Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 769 TITLE (Name of Program): Rural Business Enterprise Grants		9. NAME OF FEDERAL AGENCY: USDA (Rural Development Agency)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Northern California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: "Open for Business" Video Series	
13. PROPOSED PROJECT Start Date: 7/1/05 Ending Date: 6/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant second b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 72000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$.00	DATE:	
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 72000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Carol	Middle Name	
Last Name Sager	Suffix		
b. Title Director, Office of Sponsored Programs	c. Telephone Number (give area code) (530) 898-5700		
d. Signature of Authorized Representative	e. Date Signed 6/2/05		

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Pre-application <input type="checkbox"/> <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY 		Applicant Identifier State Application Identifier Federal Identifier	
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5. APPLICANT INFORMATION

Legal Name: BURLANDO HEATS MUTUAL WATER CO INC	Organizational Unit: Department:
Organizational DUNS: 091158914	Division:
Address: Street: 1008 BURLANDO RD P.O. BOX 696	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: SEC/TRES First Name: ILSE
City: KERNVILLE	Middle Name: MOODY
County: KERN	Last Name: KRIEBS
State: CA Zip Code: 93238	Suffix:
Country: USA	Email:
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-3867842	Phone Number (give area code) 760 376 6741 Fax Number (give area code)

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) N MUTUAL WATER CO. Other (specify)
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: WATER/WASTE DISPOSAL TITLE (Name of Program): LOAN/GRANT PROGRAM 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): RESIDENTS OF BURLANDO WATER CO	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: REPLACE WATER MAIN LINE WITH 6" MAIN LINE WITH A C/900. NEW LATERALS AND 2 ADDITIONAL FIRE HYDRANTS EXISTING PIPE IS 4" STEEL.
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13. PROPOSED PROJECT Start Date: Ending Date: 15. ESTIMATED FUNDING: a. Federal \$.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$.00	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22nd b. Project 22nd 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
--	---

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative	b. Title
Prefix: BOBBY First Name: BUMGARDNER Middle Name: ARLYNE	Suffix:
Last Name: BUMGARDNER	c. Telephone Number (give area code) (760) 376 2493 OR 6741
d. Signature of Authorized Representative Bobby A. Bumgardner	e. Date Signed 6-3-05

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 5-31-2005	Applicant Identifier Tulare County Fire Department
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Tulare County Fire Department		Organizational Unit: Department: Fire Department	
Organizational DUNS: 099710811		Division:	
Address: Street: 1968 South Lovers Lane		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Visalia		Prefix:	First Name: Lisa
County: Tulare		Middle Name	
State: CA		Last Name Marrone	
Zip Code 93292		Suffix: Battalion Chief	
Country: USA		Email: LMarrone@fire.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000545		Phone Number (give area code) 559-732-5954	Fax Number (give area code) 559-636-4182
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) B Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766		9. NAME OF FEDERAL AGENCY: USDA United States Department of Agriculture	
TITLE (Name of Program): Community Facilities Loans and Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: F.R.I.S.C. Facility Repair and Improvement to Serve the Community	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County Communities: Cutler, Richgrove, Terra Bella, Ivanhoe, Earlimart		14. CONGRESSIONAL DISTRICTS OF INTEREST: a. Applicant District 20 b. Project District 20	
13. PROPOSED PROJECT Start Date: 10-1-2005 Ending Date: 9-30-2006		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 5-31-2005 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
a. Federal	\$ 37,150.00		
b. Applicant	\$ 13,050.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 50,200.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name David	Middle Name	
Last Name Hillman	Suffix		
b. Title Chief	c. Telephone Number (give area code) 559-732-5954		
d. Signature of Authorized Representative	e. Date Signed 5-31-2005		

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 26, 2005	Applicant Identifier	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION		Organizational Unit:		
Legal Name: Imperial County		Department: Planning & Development Services		
Organizational DUNS: 073-354-573		Division: Economic Development		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 940 W. Main Street		Prefix: Mr.	First Name: Jurg	
City: El Centro		Middle Name		
County: Imperial		Last Name Heuberger		
State: CA		Suffix:		
Zip Code 92243		Email: jurgheuberger@imperialcounty.net		
Country:		Phone Number (give area code) 760-482-4236 ext 4310		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000924		Fax Number (give area code) 760-353-8338		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-302		9. NAME OF FEDERAL AGENCY: Economic Development Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Economic Development Planning Assistance (Section 203)		
13. PROPOSED PROJECT Start Date: July 1, 2005 Ending Date: June 30, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 51st b. Project 51st		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 60,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 20,000.00	DATE:		
c. State	\$.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 80,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Robertta	Middle Name		
Last Name Burns		Suffix		
b. Title County Executive Officer		c. Telephone Number (give area code) 760-482-4290		
d. Signature of Authorized Representative <i>Robertta J. Burns</i>		e. Date Signed May 26, 2005		

APPLICATION FOR FEDERAL ASSISTANCE

Version 9/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Preapplication <input type="checkbox"/> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Applicant Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. DATE RECEIVED BY STATE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		State Application Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
4. DATE RECEIVED BY FEDERAL AGENCY <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Federal Identifier <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

5. APPLICANT INFORMATION * Legal Name: <div style="border: 1px solid black; padding: 2px;">Eskaton Properties, Inc.</div> * Organizational DUNS: <div style="border: 1px solid black; padding: 2px;">621506310</div> Address: * Street1: <div style="border: 1px solid black; padding: 2px;">5105 Manzanita Avenue</div> Street2: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * City: <div style="border: 1px solid black; padding: 2px;">Carmichael</div> County <div style="border: 1px solid black; padding: 2px;">Sacramento</div> * State: <div style="border: 1px solid black; padding: 2px;">CA</div> * Zip Code: <div style="border: 1px solid black; padding: 2px;">95608-0598</div> Country <div style="border: 1px solid black; padding: 2px;">USA</div>		Organizational Unit: Department: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Division: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * First Name: <div style="border: 1px solid black; padding: 2px;">Raymond</div> Middle Name: <div style="border: 1px solid black; padding: 2px;">W.</div> * Last Name: <div style="border: 1px solid black; padding: 2px;">Gee</div> Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * Email: <div style="border: 1px solid black; padding: 2px;">ray@eskaton.org</div> * Phone Number (give area code) <div style="border: 1px solid black; padding: 2px;">(916) 334-0810</div> Fax Number (give area code) <div style="border: 1px solid black; padding: 2px;">(916) 338-1248</div>	
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6. * EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px;">94-2906316</div>		7. * TYPE OF APPLICANT: Institution (Other than Institution of Higher Learning) <input type="checkbox"/> Other (specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		9. * NAME OF FEDERAL AGENCY: <div style="border: 1px solid black; padding: 2px;">US Department of Housing and Urban Development</div>	
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE TITLE: <div style="border: 1px solid black; padding: 2px;">Supportive Housing for the Elderly</div>		11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <div style="border: 1px solid black; padding: 2px;">Section 202 Supportive Housing for the Elderly Program (Section 202 Program)</div>	
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12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <div style="border: 1px solid black; padding: 2px;">Dos Palos; Merced County; California</div>		13. * PROPOSED PROJECT: * Start Date <div style="border: 1px solid black; padding: 2px;">03/01/2007</div> * Ending Date <div style="border: 1px solid black; padding: 2px;">12/01/2007</div>	
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14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant <div style="border: 1px solid black; padding: 2px;">3</div> * b. Project <div style="border: 1px solid black; padding: 2px;">18th</div>		15. * ESTIMATED FUNDING: * a. Federal \$ <div style="border: 1px solid black; padding: 2px;">2,968,000.00</div> * b. Applicant \$ <div style="border: 1px solid black; padding: 2px;">10,000.00</div> * c. State \$ <div style="border: 1px solid black; padding: 2px;">0.00</div> * d. Local \$ <div style="border: 1px solid black; padding: 2px;">200,000.00</div> * e. Other \$ <div style="border: 1px solid black; padding: 2px;">0.00</div> * f. Program Income \$ <div style="border: 1px solid black; padding: 2px;">0.00</div> g. TOTAL \$ <div style="border: 1px solid black; padding: 2px;">3,178,000.00</div>	
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16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE <div style="border: 1px solid black; padding: 2px;">05/13/2005</div> b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
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18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * First Name: <div style="border: 1px solid black; padding: 2px;">Raymond</div> Middle Name <div style="border: 1px solid black; padding: 2px;">W.</div> * Last Name: <div style="border: 1px solid black; padding: 2px;">Gee</div> Suffix: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> * b. Title: <div style="border: 1px solid black; padding: 2px;">Director of Development</div> * c. Telephone Number (give area code): <div style="border: 1px solid black; padding: 2px;">(916) 334-0810</div> * Email: <div style="border: 1px solid black; padding: 2px;">ray@eskaton.org</div> Fax Number (give area code): <div style="border: 1px solid black; padding: 2px;">(916) 338-1248</div>			
d. Signature of Authorized Representative: Completed on submission to Grants.gov		e. Date Signed: Completed on submission to Grants.gov	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <input type="text"/>	nt Identifier <input type="text"/>
		3. DATE RECEIVED BY STATE <input type="text"/>	State Application Identifier <input type="text"/>
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY <input type="text"/>	
5. APPLICANT INFORMATION			
* Legal Name: <input type="text" value="Eskaton Properties, Inc."/>		Department: <input type="text"/>	
* Organizational DUNS: <input type="text" value="631506310"/>		Division: <input type="text"/>	
Address: * Street1: <input type="text" value="5105 Manzanita Avenue"/> Street2: <input type="text"/> * City: <input type="text" value="Carmichael"/> County <input type="text" value="Sacramento"/> * State: <input type="text" value="CA"/> * Zip Code: <input type="text" value="95608-0598"/> * Country: <input type="text" value="USA"/>		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: <input type="text"/> * First Name: <input type="text" value="Raymond"/> Middle Name: <input type="text" value="W."/> * Last Name: <input type="text" value="Gee"/> Suffix: <input type="text"/> * Email: <input type="text" value="ray@eskaton.org"/> * Phone Number (give area code) <input type="text" value="(916) 334-0810"/> Fax Number (give area code) <input type="text" value="(916) 338-1248"/>	
6. * EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text" value="94-2906316"/>		7. * TYPE OF APPLICANT: <input type="text" value="ation (Other than Institution of Higher Education)"/>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): <input type="text"/>		Other (specify) <input type="text"/> <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED JUN 1 2005 </div>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE <input type="text" value="14.157"/>		9. * NAME OF FEDERAL AGENCY: <input type="text" value="US Department of Housing and Urban Development"/>	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <input type="text" value="Section 202 Supportive Housing for the Elderly Program (Section 202 Program)"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> STATE CLEARING HOUSE </div>	
12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <input type="text" value="Roseville; Placer County; California"/>		13. * PROPOSED PROJECT: * Start Date <input type="text" value="12/01/2005"/> * Ending Date <input type="text" value="06/01/2008"/>	
14. * CONGRESSIONAL DISTRICTS OF: * a. Applicant <input type="text" value="3"/> * b. Project <input type="text" value="4th"/>		15. * ESTIMATED FUNDING:	
* a. Federal \$ <input type="text" value="6,041,805.00"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
* b. Applicant \$ <input type="text" value="25,000.00"/>		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <input checked="" type="checkbox"/> YES DATE <input type="text" value="05/16/2005"/>	
* c. State \$ <input type="text" value="0.00"/>		b. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
* d. Local \$ <input type="text" value="400,000.00"/>		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
* e. Other \$ <input type="text" value="0.00"/>		* f. Program Income \$ <input type="text" value="0.00"/>	
g. TOTAL \$ <input type="text" value="6,466,805.00"/>		18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix: <input type="text"/> * First Name: <input type="text" value="Raymond"/> Middle Name <input type="text" value="W."/> * Last Name: <input type="text" value="Gee"/> Suffix: <input type="text"/>			
* b. Title: <input type="text" value="Director of Development"/> * c. Telephone Number (give area code): <input type="text" value="(916) 334-0810"/> * Email: <input type="text" value="ray@eskaton.org"/> Fax Number (give area code): <input type="text" value="(916) 338-1248"/>			
d. Signature of Authorized Representative: _____		e. Date Signed: _____	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction		2. Date Submitted	Applicant Identifier
3. Date Rec'd by State		State Application Identifier	
4. Date Rec'd by Federal		Federal Identifier	
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Darrin Polhemus (916) 341-5694	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
6. D U N S Number: 808321913		9. Name of Federal Agency: U. S. Environmental Protection Agency	
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continuation If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		11. Descriptive Title of Applicant's Project: To achieve statewide compliance with water quality objectives.	
10. Catalog of Federal Domestic Assistance Number 66.458 Title: Capitalization Grants for State Revolving Funds		14. Congressional District of: Applicant: 3 Project: California - All	
12. Area Affected by Project: (cities, counties, states, etc.) California		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: June 1, 2005 b. NO: <input type="checkbox"/> Program is not covered by EO # 12372 <input type="checkbox"/> Program has not been selected by the state for review.	
13. Proposed Project: Start Date 6/1/2005 End Date 6/30/2015		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO	
15. ESTIMATED FUNDING: a. Federal \$82,745,541 b. Applicant \$0 c. State \$16,549,108 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$99,294,649		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative Celeste Cantu		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 30, 2005	Applicant Identifier	
<input type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION				
Legal Name: Yuba-Sutter Economic Development Corporation		Organizational Unit: Department:		
Organizational DUNS: 120321596		Division:		
Address: Street: 1227 Bridge Street, Suite C		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Yuba City		Prefix: Mr.	First Name: Tim	
County: Sutter		Middle Name		
State: California		Last Name Johnson		
Zip Code 95991	Suffix:			
Country: U.S.		Email: tjohnson@ysedc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0342145		Phone Number (give area code) 530-751-8555		Fax Number (give area code) 530-751-8515
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for profit organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Economic Development - Support for Planning Organizations		9. NAME OF FEDERAL AGENCY: Economic Development Administration, Department of Commerce		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sutter and Yuba counties of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Sec. 203 Grants for Planning and Administrative Expenses		
13. PROPOSED PROJECT Start Date: October 1, 2005 Ending Date: September 30, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 b. Project District 2		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 50,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 30, 2005		
b. Applicant	\$ 50,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$.00			
g. TOTAL	\$ 100,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Mr.	First Name Tim		Middle Name	
Last Name Johnson		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) 530-751-8555		
d. Signature of Authorized Representative		e. Date Signed May 30, 2005		

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